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## BIB DATA SHEET

CONFIRMATION NO. 6926

<b>SERIAL NUMBER</b> 10/577,380	<b>FILING or 371(c) DATE</b> 08/23/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 13415/104016	
<b>APPLICANTS</b> Stephane Chevallier, Saint Pathus, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR04/02597 10/13/2004 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 0312642 10/29/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/05/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CHRISTOPHER KOHARSKI/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> KENYON & KENYON LLP 1500 K STREET N.W. SUITE 700 WASHINGTON, DC 20005 UNITED STATES					
<b>TITLE</b> Safety injection device for syringe					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		